

TRICARE REGION 4

Open Access Appointing TMA Directed Survey

Conducted 3 Jul 02 (updt'd 19 Jul 03)

MTF	Open Access Implemented	Successful	Lessons Learned	Lessons Learned	Lessons Learned	Respondent
Redstone Arsenal	No					Horn, Alice
Tyndall	No, Under consideration					Capt Jeff Cook, GPM
Pensacola Naval Hosp	No					CDR Kim Lyons, PA&E
PNH Child Clinics						
BMC Meridian			Don't start in the summer or holiday season - restricting leave is a morale-buster.	Getting all the business rules down in writing took longer than expected - about two months with near-daily effort. We postponed our startup date due to the first lesson above, and it worked out well that we did for the additional time to prepare.	Don't make all decisions by committee - it's hard to stay focused and move forward. We found it easier to get two champions who had the vision to propose a foundation set of business rules, then hammer out the finer details with all the players.	CDR Thomas A. Gaskin, Officer-In-Charge
	Yes	Pending - starts 05 Aug 02				
BMC East Bank			Before deciding on what ratio you will use for same day appointments vs routine appointment, utilize criteria set by those commands that have already successfully implemented it. We went with a 50/50 ratio at first but found it was not accurate right away. We needed to do more homework before we made that decision	Make sure that the people who will be making those appointments for you (we have a new contract with SAIC at PCOLA) understand how you classify what should be considered same day and what is routine. We had way too many appointments being referred back to the clinics because we were not clear on this. For open appointing, we felt that the only things that should be "routine" are follow-up appointments and physical exams. Otherwise we try to see them the same day or the next day, whether or not it is a PAP smear, head cold, or well-baby exam	Market this new change to your beneficiaries better. We still have a large segment of our population that relies on a "walk-in" appointment/sick call mentality. Since they had such a hard time getting an appointment in the past, they took to just walking in and demanding to be seen. With open appointing and also a new central appointment system, that should no longer be necessary. We found we needed to do better education of our beneficiaries on how the new system WILL HELP and MEET their needs.	CAPT Kevin J. Gallagher, Officer in Charge
	Yes	Yes				
All others	No					
Columbus	No					MSgt Shipley, GPM
Eglin	Modified, "Advanced access"	Attempting to book same day appointments for all callers but do have some routine and wells in the future.	Those getting acutes that need them, like the appointing.	Those persons calling for a future appointment (routine or well) are being given same day appointments or told to call the day they need the appointment and are not happy with it. Many prefer to book in the future		
Keesler	Not fully implemented	Family Practice Clinic has implemented a modified version of OAA which has experienced some growing pains	The clinic has been constrained due to staffing shortages	The clinic impression is appointment services clerks need more training and that a nurse triage system would improve the process.	One thing the clinic has learned is that our patients should be educated to adjust to, and better utilize, new appointing processes. Clinic Leadership must embrace OA for its full success	Capt Duane Bragg

Hurlburt	Yes	Yes	<p>Gradual reduction in back log of appointments and a phase in of same day appointments made implementation much easier. We did this over a four week period. The first week involved walking in all patients that called today but could not get a regular appointment today. The second through fourth weeks involved increasing the number of same day appointments available to patients plus walking in any patients who called today but could not get a regularly scheduled appointment. We also chose the month with the lowest historical patient demand to initial the phase in period. The patient demand/number of patients seen during the phase in process was lower than originally projected. Overall, it was a smooth process.</p>	<p>Repeated communication with everyone involved is critical to successful implementation. All staff, from appointment clerks to physicians, need to understand the big picture and how their role impacts and will be impacted by open access. The messages must be repeatedly communicated so there is no/little confusion during implementation</p>	<p>Medical records availability becomes a large job. In the past, we knew what patients were coming in four days before their appointments. It was very easy to pull medical records for those appointments. Now, we only know about 30% of our next day's appointments. A good process must be established prior to implementation of open access to ensure providers have each patient's medical record while the patient is being treated.</p>
Rucker	No				<p>Capt Brian Jones Heaton, James</p>
Maxwell	Yes	Yes	The provider /tech support needs to be adequate	The process allowed the provider duty day to end on time	<p>The patient was happy to get an appointment that day instead of waiting two- three days later to have there issues resolved</p> <p>Lt Pam Brown, GPM</p> <p>The process also creates more frequent flyers</p>
Regional POC: Major Troy McGilvra, CIO, DSN 597-9985 Commercial (228) 377					